

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	DR	3-2	11/18/00
FORMALITY REVIEW	AB	65373	
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

3/25/01

✓ ..... Rejected N ..... Non-elected  
= ..... Allowed I ..... Interference  
- (Through numeral)... Canceled A ..... Appeal  
÷ ..... Restricted O ..... Objected

Claim	Date
Final Original	11/18/00
1	✓ 11/18/00
2	✓ 11/18/00
3	✓ 11/18/00
4	✓ 11/18/00
5	✓ 11/18/00
6	✓ 11/18/00
7	✓ 11/18/00
8	✓ 11/18/00
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here